

Contact allergy to beclomethasone dipropionate

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Key words: allergic contact dermatitis; beclomethasone dipropionate; corticosteroids; medicaments; chronic actinic dermatitis; inhaled corticosteroid; respiratory effect. © Munksgaard, 1998.

Case Report

A 57-year-old atopic man had a 25-year history of hand and foot dermatitis. This had become more severe over the past 4 years, spreading to the backs of the hands and the face in an exposed-site distribution. His asthma was treated with a beclomethasone dipropionate inhaler. He had used a variety of topical corticosteroids.

Patch testing with the European standard series, hands and face and plant series, was positive to nickel sulfate (D2-/D4++), cobalt chloride (D2-/D4+), ethylenediamine (D2-/D4+), formaldehyde (D2+/D4+) and tixocortol pivalate (D2++/D4++), but negative to budesonide. Further testing to 18 individual corticosteroids, tested at 2% in ethanol, revealed positive results to clobetasone-17-butyrate (D2++/D4-), clobetasone-17-propionate (D2++/D4-), hydrocortisone (D2+/D4-) and beclomethasone dipropionate (D2+/D4-). Photopatch testing was negative but phototesting to UV light was positive at 330, 360 and 400 nm. Positive results to ethylenediamine, cobalt chloride and formaldehyde were of uncertain relevance, but nickel and corticosteroid allergies were considered of current relevance.

Comment

In view of his multiple contact sensitivities and photosensitivities, a diagnosis of chronic actinic dermatitis was made. Allergic contact dermatitis from corticosteroids

has frequently been reported, but allergy to beclomethasone dipropionate is unusual. Topical beclomethasone dipropionate is available as Propaderm® in the UK. The patient had applied Propaderm in the past, but was currently using a Beclazone® inhaler and had previously used a Beconase® nasal spray, which both contain beclomethasone dipropionate.

He may have become sensitized either by his previous usage of Propaderm® or from his current use of beclomethasone dipropionate in his inhaler or nasal spray. After changing his Beclazone® inhaler to a budesonide inhaler, he reported an improvement in asthma symptoms, as measured by decreased usage of a short-acting β -2 agonist. He also reported some improvement in his skin, though this may have been from avoidance of other allergens and sunlight.

Contact dermatitis from systemic corticosteroids is reported rarely, but a variety of reactions have been recorded, including generalized dermatitis (1). Exacerbation of asthma after nebulized beclomethasone dipropionate has been described (2), but exacerbation of dermatitis is unusual.

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Allergic contact dermatitis from goldenrod (*Herba solidaginis*) after systemic administration

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Key words: goldenrod; *Herba solidaginis*; systemic contact dermatitis; Compositae; plant extracts; herbal remedies; medicaments. © Munksgaard, 1998.

Case Report

A 52-year-old man, with no history of allergic skin disease or eczema, presented with a 5-day history of generalized maculopapular very itchy eczema, which cleared with topical corticosteroids in 10 days. The skin lesions had begun 6 days after beginning oral treatment with a medicament (Urodyn®) containing a goldenrod fluid

extract for relapsing epididymitis, which cleared in a few days. Beside this rash, though, he suffered from cellulitis of the right foot which made antibiotic treatment necessary.

Patch testing with the DKG standard series, a special series of chamomilla, arnica, tansy and yarrow, the suspected medicament and its ingredients, revealed positive reactions to the medicament, goldenrod 1:1, 1:10, 1:30

Table 1. Patch test reactions: +, infiltrated erythema; ++, infiltrated erythema with papules and vesicles; +++, infiltrated erythema with confluent vesicles; ?a, only erythema, suspected allergic

	D2	D3	D4
suspected medicament (1:10)	?a	++	++
goldenrod (as is)			
1:1	+	+++	+++
1:10	+	++	++
1:30	+	+	+
1:100	—	?a	—
other ingredients	—	—	—
tansy	?a	+	+
yarrow	?a	+	+
nickel	—	+	++

and 1:100 (in NaCl) alone, tansy, yarrow and nickel (Table 1). The other ingredients of the oral preparation, including cellulose, talcum, saccharin, polyvidon, acetyltriethyl citrate and acrylic resins, were all negative.

Comment

Goldenrod (*Herba solidaginis*) is a Compositae plant, handled frequently by florists and druggists, containing flavonoides, saponines, phenolglucosides, diterpenes and clerodane. Sesquiterpene lactones have been suggested but not yet found. In recent years, goldenrod has become more often used, because of its diuretic, anti-inflammatory, bacteriostatic and spasmolytic effects, and its rare or absent complications. It is known as a weak sensitizer

(1) and there are only a few publications with positive patch tests. Frain-Bell & Johnson (2) found about 15% positive reactions to goldenrod in men with photosensitivity dermatitis or actinic reticuloid syndrome. Other authors have reported positive reactions to goldenrod in Compositae dermatitis, photosensitivity dermatitis and airborne contact dermatitis (3–5).

To our knowledge, this is the 1st reported case of allergic contact dermatitis after oral treatment with goldenrod (systemic contact dermatitis). There was no photosensitivity history in our patient. The other positive reactions to tansy and yarrow could be interpreted as cross-reactivities due to Compositae species, because the patient had no occupational or leisure contact with these plants.

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Bufexamac and diclofenac: frequency of contact sensitization and absence of cross-reactions

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Bufexamac, marketed for topical use, and diclofenac, marketed for topical or systemic use, are both non-steroidal anti-inflammatory drugs (NSAIDs) belonging to the arylalkanoic acid derivatives (AADs).

Patients and Methods

Patch tests with bufexamac and diclofenac (both 5% pet.) were performed on 1008 consecutive patients, 1 of whom was referred after urticaria following intramuscular diclofenac. Patients positive to bufexamac or diclofenac were asked if they had ever used one of these AADs and if they remembered any adverse cutaneous reactions. Patients were actually shown all products mar-

keted for topical or systemic use in France that contain these 2 NSAIDs.

Results

11 patients (1.09%) patch tested positively to bufexamac. 1 other patient patch tested positively to diclofenac and did not remember any previous use of AADs. No cross-sensitization was observed between bufexamac and diclofenac. 9 of the 11 patients positive to bufexamac reported previous use of a bufexamac-containing cream, but only 2 of these 9 recalled any intolerance to it. 2 of the 11 patients positive to bufexamac reported being orally prescribed diclofenac, but neither recalled any intolerance.